

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09781273 FILING DATE 02-17-01  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1					
3		2		2		
4	1		1			
5						
6			1			
7			1			
8			1			
9			1			
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TOTAL IND.	2		8			
TOTAL DEP.	3	↔	12	↔		
TOTAL CLAIMS	5		20			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

BEST AVAILABLE COPY